PATENT APPLICATION

RESPONSE UNDER 37 C.F.R § 1.111 EXAMINING GROUP 1617

Attorney Docket No. 215064-00028 (Previously 247/164)

December 4, 2002 Date:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

plicant:

Joel B. Epstein

Serial No.:

09/433,418

Filed:

November 4, 1999

Title:

TOPICAL AZATHIOPRINE FOR THE TREATMENT OF ORAL

AUTOIMMUNE DISEASES

Art Unit:

1617

Examiner:

Bahar, Mojdeh

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C.

20231, on this date

12/04/0 Date

AMENDMENT TRANSMITTAL

Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment/reply in the above-identified application.

- A paper requesting correction/substitution of drawings is attached. 1. ()
- Petition for a three (3) month extension of time. 2. (x)
- 3. **Fee for Claims**
 - No additional fee is required. (X)

The fee for additional claims in accordance with 37 C.F.R. §1.16(b)-(d) has been calculated as shown below:

					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highe Previou fo	sly Paid	Present Extra	Rate	Additional Fee	Rate	Additional Fee
Total	35	Minus	35	0	x 9	0	x 18	-
Indep.	2	Minus	2	0	X 42	0	x 84	-
Fee for N	Aultiple Dependent		+140	0	+280	-		
			тот	AL ADDITION	NAL FEES	0	OR	-

5 .	Meth d of Payment of Fe s							
	(x)	Enclosed is our firm checks in the amount of: \$460.00						
	()	Charge \$ to Deposit Account No. 50-1214.						
6.	(x)	Change of Address Coomunication.						
7.	(x)	The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1214. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1214. This sheet is filed in duplicate. Respectfully Submitted,						
	Decen (Date)	ner 4, 2002 By: David W. Clough, Ph.D. Registration No. 36,107						

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